

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599746

FILING DATE

05/31/07

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	10			/		
5	12			/		
6	12			/		
7	12			/		
8	12			/		
9	12			/		
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12	12			/		
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50						
TOTAL IND.	1		2			
TOTAL DEP.	18	←	18	←		
TOTAL CLAIMS	14		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			←		←	
TOTAL CLAIMS						